GENERAL INFORMATION FORM
FEDERAL VICTIMS OF CRIME ACT GRANT
FISCAL YEAR 2007

GOVERNOR'S USE ONLY Date Received:	Application Number:

APPLICANT IDENTIFICATION

Agency Name:

Address:

City: State: **Zip + 4:**   County:

Website: Federal Employer Identification Number:

AUTHORIZED CERTIFYING OFFICIAL

(The person listed will receive **ALL** correspondence from this office.)

Name: Title:

Telephone: (   )   Fax: (   )   EMAIL:

Fiscal Officer:

Name:

Telephone: (   )   Fax: (   )   EMAIL:

PROGRAM INFORMATION   Funding Period: From October 1, 2006 to September 30, 2007

County (ies) in which proposed grant project will operate:

Brief description and name of proposed grant project as described in application:

Number of years crime victim agency has been in operation:

Projected number of **primary** crime victims to be served by the proposed VOCA grant project:

Sexual Assault		Underserved Crimes	
Adult Sexual Assault		Elder Abuse	
Spouse Abuse		Adults Molested as Children	
Domestic Violence		DUI/DWI Crashes	
Child Abuse		Survivors of Homicide Victims	
Child Physical Abuse		Agg. Battery/Criminal Threat	
Child Sexual Abuse		Assault	
		Robbery	
		Other (_____)	

If awarded, these funds will:

_____ Create a new grant project or service activity   **OR**

_____ Enhance or expand an ongoing grant project or service activity <u>not</u> previously funded by VOCA OR

_____ Enhance or expand an ongoing grant project or service activity that was previously funded by VOCA

VOCA Grant Project Request (Dollar Amount) for one-year period:

(excluding match, i.e. 80% of Total Proposed Grant Project) $

(this figure should match #2 "Federal VOCA Request" on the Budget Summary Form)

Grant Match (non federal cash or inkind) Dollar Amount (must be 20% of Total Proposed Grant Project).

$

List match source(s)

This page should be <u>completed last</u>, after the rest of the application is ready to be submitted.